

NEWSLETTER

Summer 2011

B I A M
British Infection Association

Our relationship with our European neighbours is once again in the news with the more xenophobic elements of the British media extracting a great deal of schadenfreude from the current plight of the Euro-zone despite its potential impact on our own struggling economy.

Such antipathy persists despite 60 years of peace in Western Europe and “the continent” being made more accessible than ever by low cost airlines and the channel tunnel.

Pathogens do not respect national boundaries and as a consequence, infection specialists tend to have an outward looking approach, which is reflected in this season’s newsletter. In March BSAC and BIA jointly hosted a European OPAT summit and Tracey

Guise reports on this as part of a review of the UK OPAT initiative on page 3. Kate Adams should be congratulated on her recent election to the presidency of the trainees association of ESCMID and serving as trainee representative for Infectious Diseases on UEMS (The European Union of Medical Specialties). The increasing movement of both doctors and patients across borders within Europe emphasises the importance of ensuring consistency of medical education and professional development across the continent and Kate has kindly written an article explaining her role, which can be found on page 5.

The future structure of infection training continues to exercise the minds and vocal cords of BIA members. Susie Alleyne, the trainee representative for professional affairs, has conducted a survey of trainee members and presents the results in an article on page 4.

Andrew Swann, the Microbiology Clinical Services committee chairman has provided an update discussing the committee’s response to RCPATH’s pro-

posed Key Performance Indicators, which has been a particularly hot topic on the BIA forum of late.

As previously, readers can find an events calendar on the last page of the newsletter to help plan the next few months’ CPD.



After recently struggling to fend for a family of four using crumbling relics of GCSE French and an extended index finger, I decided that a quick vocab’ test would be appropriate to ensure that the newsletter remains all-embracing and doesn’t follow the example set by our tabloid press. This edition’s quiz can be found on page 9 (although the contents will hopefully not prove useful on readers’ future holidays).

Dave Partridge,

Newsletter Editor (david.partridge@sth.nhs.uk)

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NEWS

HPA raises awareness of Hepatitis C time-bomb

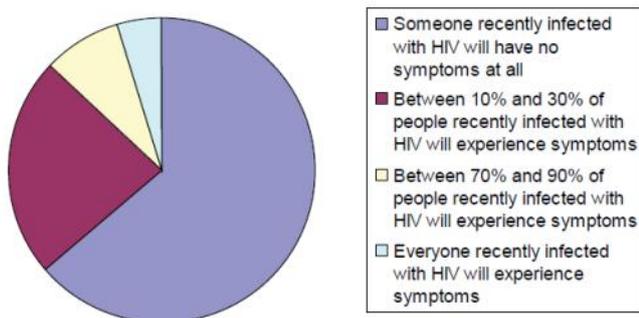
A Health Protection Agency report has highlighted that over 200 000 people are thought to have chronic Hepatitis C infection in the UK but that many of them remain undiagnosed. Without improvement in the numbers diagnosed and treated, it is estimated that over 15000 will develop cirrhosis or hepatocellular carcinoma by 2020 with over 4000 requiring transplantation. In 2010, 7,834 new diagnoses of hepatitis C were reported to the HPA in England.

Full details of the report can be found on the [HPA website](#)

Primary HIV infection – improving knowledge and recognition amongst high risk groups

A recent survey performed by the National AIDS Trust in conjunction with Gaydar found that over 60% of 8561 gay men were unaware that primary HIV infection was associated with symptoms (actually 70-90% develop some symptoms) and only a third correctly associated it with the specific triad of sore throat, fever and rash.

Knowledge of existence of symptoms: HIV negative/untested respondents



Two thirds of respondents recognised that early HIV infection was associated with a high risk of onward transmission thus emphasising the potential public health benefits that could result from improved education of at risk groups and primary care professionals of the clinical features of primary infection.

The full report can be found using [this link](#).

Vector-borne disease in Europe

Confidence in decimating a differential diagnosis with the simple question “Have you ever travelled outside Europe?” is being gradually eroded as time passes and as temperatures rise. Dengue and Chikungunya have both been acquired in France in recent years and readers will recollect the large outbreak of the latter virus that affected over 200 people in North-Eastern Italy in 2007. Cases of West Nile Virus have occurred in many Southern and Central European countries and a large outbreak in Greece last year killed 25. Cases of vivax malaria have also occurred in Greece in each of the last three summers.

Further information is available on the HPA and ECDC websites.

New UTI guidelines

The BIA, in conjunction with the HPA primary care unit and GP representatives, have developed guidelines for the diagnosis of urinary tract infection in primary care. Included is advice on appropriate sampling, asymptomatic bacteriuria in the elderly and catheter associated UTI.

The guidelines can be found using [this link](#).

FIS 2011

This year’s Federation of Infection Societies meeting will be held at Manchester Central on 16th-18th November with SGM as the organising society.

In a change from previous years, the Autumn BIA trainees day has this year been scheduled to coincide with the conference and will be on 15th November, again in Manchester.

HIV Dilemmas Meeting—back by popular demand!

The BIA workshop on HIV dilemmas is returning for a fifth year on 20th January. This meeting, which receives excellent feedback, presents an opportunity to participate in an interactive discussion of challenging real-life cases.

Online registration can be found at www.hartleytaylor.co.uk



The UK OPAT Initiative the story so far....

Established under the auspices of the British Society for Antimicrobial Chemotherapy, the UK OPAT Initiative aims to support the establishment of OPAT services wherever the clinical need exists. Chaired by Dilip Nathwani, and in academic partnership with the British Infection Society, the group set out in late 2009 with three main objectives:

- To review, update and have a peer-review publication of existing standards for the delivery of OPAT services
- To develop a business case toolkit to help health professionals bid for local OPAT services
- To establish a national outcomes dashboard that would offer an overview of OPAT services across the UK, and in time further afield

A steering group and two subgroups (standards and business case development) were established, a national stakeholder meeting held to gather opinion and harness support for the project was held (a surprising 200+ delegates attended) and a website developed to host resources, event webcasts and working party outputs.

Such was the enthusiasm and interest in this initiative that we very quickly decided to host a 2-day Summit Conference. Held on 2&3 March 2011 at the ICC, Birmingham the Conference attracted significant interest, with over 300 delegates attending plenary sessions, workshops and discussion forum. Industry interest was also high, and the initiative has benefited from the support of its sponsors, including Novartis, Pfizer, Vygon, Astellas and Evolution Healthcare to name but a few.

Academic excellence aside, the conference excelled in providing much needed networking opportunities in this important field. It is clear that much is happening in the OPAT arena, it is also clear that there is little cohesion or national direction. We hope that the UK initiative is addressing this and will provide a needed focus and forum through which OPAT services can be developed, supported in their delivery, measured and reported upon.

So what next steps? Well the networking site is now live www.e-opat.com, hosting a range of resources including podcasts of the stakeholder meeting and Summit Conference. There is a new concept virtual exhibition that offers charities and sponsors the opportunity to provide information on a 365 day basis.

The peer-reviewed standards have taken a little longer than anticipated, but the referencing process was much more onerous than anticipated! The standards are now ready for national consultation and should be submitted for publication during Autumn 2011. A further working group is working on early discharge and IV to oral switch and is due to put its report out for consultation during this summer.

The original business case toolkit is being developed into an online tool that will help develop bespoke reports for the full range of OPAT services. In addition we are developing a national preceptorship programme to support individuals and teams from genesis of business planning through to reporting of outcomes

The aim of having an outcomes register was extended somewhat, leading to the development of a national OPAT database. Work on the database, which has been extensively road-tested is now complete and a roll-out programme will see the database installed at 30 centers across the UK between October 2011 and March 2012. The database is being considered for adoption in Ireland and we have received interest from as far afield as Australia. We aim to present initial outcomes data at FIS 2012 and ECCMID 2013.

Lastly, our next OPAT meeting will be held December 2011 in collaboration with Imperial College London and discussions are underway to hold an OPAT fungal meeting by end of the year.

We look forward to developing and extending the project over the next 2-3 years, and BSAC is currently looking at funding models through which the work can be sustained and developed. It is clear that OPAT will become a central mode of service delivery and we look forward to continuing to work with all who have an interest in the field.

If you would like to be involved, or would like further information please contact: Tracey Guise tguisse@bsac.org.uk

BIA Trainees' survey on the proposed new Infection Curriculum (July- August 2011)

The survey was conducted between July 11th and 8th August using Survey monkey. This is a summary and a Full version (with all the comments) is available on the BIA website.

There were 90 responders. 6 were not in ST/SPR training posts (1 CMT, 5 consultants). 60% of responders had ID as part of their training. (ID /micro or ID/GIM). 53% felt 5 years was sufficient time to complete training in ID, Microbiology and Virology. 44 % thought it would be too short and 2 % too long. 62 % felt the core infection period should be 3 years and 38% thought 2 years should be sufficient. 57% and 51% felt that 2 years should be spent attached to a laboratory and an ID unit respectively. See the chart and table for the responses to the remaining questions.

From the 100 comments made there was some support of the draft infection curriculum in its entirety. However the majority were in favour of the core infection curriculum and had issues with the curriculum post

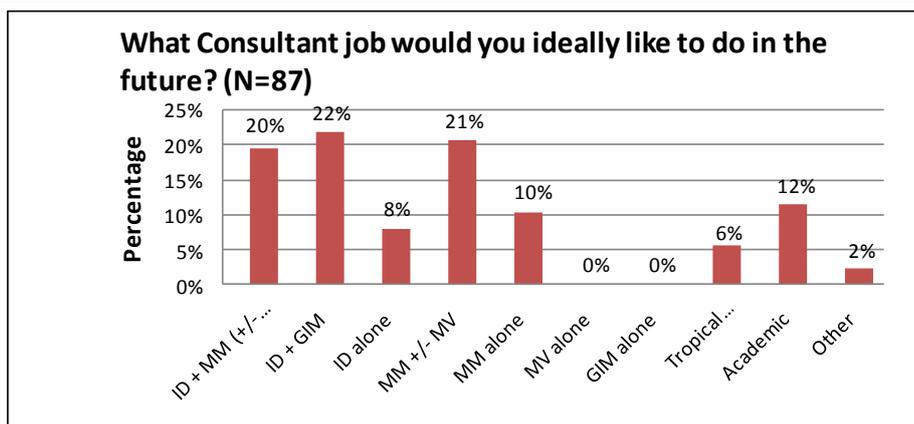
this period. Calls were made to have a more open discussion (amongst trainees and consultants) regarding the driving force for the changes proposed and whether these changes will be advantageous for the predicted market forces in the future. A number of comments were made on the perceived dilution of training and the potential reduction in knowledge and expertise that is needed to manage complex problems either in the laboratory or patients with an infectious disease. With the latter it was stressed that the ability to GIM must be maintained. Another area of concern was the loss of research as in programme training.

There were many more subjects raised, so please see the full report on the website.

Further discussions will be taking place at the BIA trainees meeting in November.

Susan Alleyne, BIA trainees' representative

Question	Yes (%)	No (%)	Don't know (%)
Do you think the current curricula in ID / Microbiology /Virology and the combination that they can be taken needs to be changed?	51	39	10
Do you think the entry criteria to the proposed new infection curriculum are too restrictive?	28	67	5
Do you think all Infection specialist trainees should undertake a period of core infection?	82	13	4
After core infection do you think the curriculum should be splint into different curricula (ID/Microbiology, ID/GIM, Microbiology or Virology)?	80	18	2
Do you think the curriculum should be standardised and identical for all resulting in single Infection CCT?	15	80	6
Do you think post core infection the curriculum should remain identical for 80% of the curriculum with 1 year covering a specific area resulting in an 'Infection' CCT with a	35	46	19
During Core infection is it appropriate for inpatient care training to take place in other specialties e.g. respiratory?	23	71	7
During your training will you or do you plan to complete > 1 year of research?	62	30	8



What is TAE?

TAE is the Trainees Association of ESCMID (European Society of Clinical Microbiology and Infectious Diseases). It was set up in Nov 2009 by a small group of enthusiastic trainees from across Europe. Since then it has developed in to a well organised central steering committee, and an increasing number of general members. Currently the steering committee is made up of 10 people from across Europe, all of who are trainees or are within 3 years of finishing their training. The steering committee is overseen by 4 senior members of the ESCMID professional affairs committee. TAE membership is open to all trainees in ID and Microbiology and all newly qualified consultants within 3 years of qualifying. All TAE members have to be members of ESCMID: there is no additional cost to become a TAE member. As a number of steering committee members are due to step down over the next year there will be elections for new committee members held in the near future. Any TAE member can apply to join the committee by sending a brief CV with covering e-mail to TAE@escmid.org

One of the main aims of TAE is to improve training and educational opportunities in ID and Microbiology across Europe. To this end we have recently run a successful 'Trainees Day' session at this year's ECCMID (European Conference of Clinical Microbiology and Infectious Diseases) in Milan. This was a highly interactive session dedicated to trainees and concentrating on basic topics such as Community Acquired Pneumonia where trainee knowledge is often assumed but seldom taught. Each topic was discussed from an ID and a Microbiological angle with plenty of discussion from the floor. There was also time between each talk to enable delegates to talk to each other and encourage cross European networking. The ESCMID executive board were so impressed with the success of this session that it has now been guaranteed that TAE will have a trainees' session at every ECCMID. The next ECCMID is in London and plans for the trainees' session are well advanced. BSAC will be collaborating with TAE for this session. We are also planning a second educational activity at some point over the next year. This is likely to take the form of an internet based mock

exam along the lines of the UK ID specialty certificate exam.

Other TAE projects include a website and annual training awards. The website is within the ESCMID site and can be found at www.escmid.org/tae. The site has an open forum with access to all and a closed forum with access only to steering committee members. The draft European Infectious Diseases curriculum will soon be posted on the open forum allowing trainees from across Europe to comment on it and ultimately influence the final document. The first TAE awards for excellence in training were given out at the ECCMID trainees' session. There were 4 awards – 2 each for ID and Microbiology – each of 2500 Euros, given to trainees who had done something particularly special during their training. A further 4 awards will be given out at next years' ECCMID. Details of awards including eligibility criteria and how to apply can be found on the TAE website.

Another important element of TAE's work is it's collaboration with UEMS. UEMS is the European Union of Medical Specialties: a huge organisation based in Brussels and made up of separate sections for each Medical and Surgical specialty. One of the main aims of UEMS is to harmonise the training in each specialty across Europe and by so doing help to facilitate movement of trainees between European countries. They also have a role in assuring the quality of CME training programmes. Having made contact with the ID and the Microbiology sections last year TAE was invited to send a representative to the section meetings. I (Kate Adams) am the ID representative and Frieder Schaumburg from Germany is the representative for the Microbiology section. Currently the ID section is in the process of writing a European curriculum in Infectious Diseases and TAE is playing an active role in developing this. Not only will this help to ensure that ID training is equivalent in all European countries but will also give support to those countries that are still trying to set up ID as a separate specialty. Ultimately the aim is for a European Infectious Diseases exam similar to the newly introduced UK one and clearly a European curriculum is an important step in achieving this. Further details about UEMS can be found at UEMS at www.uems-id.org.

Kate Adams,

President of the Trainees Association of ESCMID.



Journal of Infection Impact Factor Rises Again!

The Journal of Infection's Impact Factor has risen to 3.8 and it has also risen in the Global Rankings to 13th out of 58 for Infection journals.

The Editor, Rob Read, wishes to thank all associate editors and reviewers from amongst our membership for helping to make this possible. The Journal continues to publish excellent science in the area of clinical microbiology and infectious diseases and to publish authoritative reviews and guidelines on behalf of the British Infection Association.

Grant and award applications invited

Applications are invited for the following 3 BIA awards, details of which can be found by clicking on the associated links or on the BIA website:

[BIA Research Project Priming Grant for Trainees.](#)

[BIA Clinical Exchange Award.](#)

[Barnett Christie Lecture 2011.](#)

All three have a closing date for applications of **16th September 2011.**



Infectious Disease Research Network

www.idrn.org

The Infectious Disease Research Network (IDRN) is a non-profit collaborative organisation based in the United Kingdom offering free membership to individuals interested or involved in infectious diseases and research. We organise training workshops and conferences in a range of disciplines relevant to infectious diseases (clinical medicine, nursing, epidemiology, policy, microbiology, immunology and more). We also advertise employment and research funding opportunities on our website.

Our membership is over 2400 individuals (approx 2000 of these in the UK, others spread across the

global). We send out a maximum of one email a week to the mailing list, with information on IDRN activity, and current grants, conferences and training events of interest to infectious disease researchers. We can also help get your research ideas off the ground – for example, we can locate suitable expertise, or provide administrative support in organising a meeting for a small group to discuss research themes.

We have a large event in London on Friday 9 December, which will highlight the work and opportunities from the five main funders of UK infectious disease research, as well as showcase some stimulating current research that they have funded. See <http://idrn.org/events/upcoming/funding.php> for more information.

Contact – Mike Head, Network Manager,
mhead@idrn.org



Clinical Services Committee Report (Microbiology/ Virology)

At our last two meetings (April and June) most discussion centred around pathology transformation, the RCPATH Key Performance Indicators (KPIs) and training. The ramifications of the Lord Carter report continue and there is clearly much discussion and concern around the likely impact on microbiology services. This is a rapidly developing situation and a range of options are being explored in different regions. We have heard of proposals to centralise microbiology laboratories (with or without new builds), potential partnerships with commercial partners, and splits between primary and secondary care provision. Few of these arrangements are yet agreed and this creates understandable concern until the uncertainty is resolved. Cost is the main driver in all of this and some of the proposals to reduce costs have a limited track record in service provision. All agree it is important to emphasise the clinical liaison role in microbiology and the consequences of separating Trust microbiologists from their laboratories.

The recent publication of KPIs for pathology has generated a great deal of interest as evidenced by the BIA discussion group. Broadly there are two concerns: a 'standard' has been proposed without evidence or a transparent consultation and secondly that the specific target for responding to clinical consultations (30 minutes) was unreasonable. Our understanding is that elements of these KPIs followed a teleconference of some of the microbiology SAC members. The introduction to these KPIs reads: 'A KPI should be defensible, credible, supported by a body of evidence in the literature, feasible and acceptable to all stakeholders'. At present several of the KPIs appear to fail these criteria. With regard to the 30 minute target for responding to clinical enquiries the CSC noted that most colleagues would respond 'promptly' to requests but the vagaries of pagers/mobile phones (let alone switchboard operators) might breach this time. On the other hand the continuing emphasis on the clinical role of microbiologists means we do need to be seen to play a full role in patient outcomes. The overriding point was that this standard was difficult if not impossible to measure. It is generally difficult to establish the timing (when the request was initiated and when it actually ends). Switchboard and/or the caller may be unavailable when the microbiologist calls back and this can significantly add to the delay. Many colleagues report a substantial increase in the number of

calls (both in and out of hours). An increasing proportion of these are trivial (and certainly non-urgent) requests for information available elsewhere or enquiries that should be directed in the first instance to more senior members of the clinical team. Hence some colleagues have adopted controls on access with respect to the seniority of the caller and the time of the call. This in turn moved the discussion back to the 'A' versus 'B' on call supplement and the defence of 'A' rate by the AMM. The starting point for all of this probably lies in how our 'customers' view are service – do microbiologists provide appropriate, accessible and timely advice i.e. the key elements of a user survey which in turn is part of the CPA assessment.

Other contentious KPIs are C ii) critical requests phoned/actively communicated within 2 hours (what is a critical request - as opposed to a critical result) and C vi) routine antenatal screening tests **electronically** available within 6 days. E i) states that staff in training should be between 15 and 30% of fully qualified staff. This seems to be very wide of the mark for microbiology departments in teaching hospitals and would require a marked reduction in registrars (or increase in consultants!).

Our BIA President Jane Stockley is a member of the SAC and has agreed to take these concerns back to the College.

On the education front the debate around the new training proposals continues. The question of CSTs is at yet unresolved – one CST in infection or separate CSTs in ID/microbiology? The BIA plans to produce a position paper on this to inform members of the pros and cons. Discussions are also continuing on the assessments/examinations for the new training programme and the current proposals are awaited.

Dr Louise Teare has highlighted a number of issues. A handwashing alliance of patients and professional groups is forming to continue work undertaken by the Clean Your Hands programme. Louise is hoping to develop an Infection Prevention and Control competencies passport for England – a similar scheme is already in operation in Scotland. A Fourth HCAI Point Prevalence study is planned and will be pan European and include data collection on antibiotic prescribing.

Consultations since the last newsletter include NICE guidance on Surgical Site Infection, Caesarian sections, and Healthcare Associated Infections and the BIA guidance on Norovirus.

As ever I'm happy to hear of any issues impacting on microbiologists either directly or via your CSC representative.

Dr Andrew Swann
Chairman

Trainees' Page

Trainee Meeting Secretary report

The May meeting based around new diagnostics was a great success with good feedback from across the audience. I would like to thank all of our speakers for providing such an excellent day and giving their time. Congratulations to the following prize winners :

Best case presentation: Beth White (runners up Giovanni Satta and Tranprit Saluja).

We had a chance to discuss the future of infection training and were very pleased that we had the opportunity to speak to so many of you about issues over the current proposed curriculum. We are continuing to prioritise this topic as a focus of our attention and the results of the recent survey of opinions are discussed in Susie Alleyne's article on page 4 of this edition of the newsletter—thanks to all who responded.

As with previous years we are keen to hear from you about topics, areas of infection that you feel would be a good theme for the trainees meeting. Our intention this Autumn is to have a meeting the day before FIS on 15th November, which will be in Manchester. The trainees day will continue to be free and open access to all who wish to attend.

If anyone would like to get in touch with me regarding any of these issues please email on susan.larkin@doctors.org.uk

I look forward to seeing you in November

Susan Larkin,

Trainees meetings secretary

LearnInfection

This month, we are pleased to announce the launch of LearnInfection, a new educational resource sponsored by BIA and freely available at

www.learninfection.org

LearnInfection is an online revision and assessment resource covering all areas of infection, from clinical infectious diseases to laboratory diagnostics, local infection control to global public health and everything in between. It is run by a team of senior trainees in microbiology, infectious diseases and public health.

Learninfection aims to provide a large question and image bank, with concise explanations and links to key references, up to date guidelines and reliable learning material on the web. All content is moderated by consultants who have experience in examining or training at UK national level. The bank continues to grow and material is updated continuously to reflect recent developments, outbreaks and issues in infection.

Learninfection covers the current syllabus for new trainees, provides mock exams for those revising and specialty modules for those taking courses or wanting to update in particular areas. It can function as an independent assessment tool for institutions wishing to assess any level or subspeciality in infection.

If you'd like to contact us, or are interested in being involved, please send us an email at support@learninfection.org.uk

Meera Chand and Emma Hutley

Get Involved!

- Elections for Trainee Representatives coming soon...

Susie Alleyne (Trainee Professional Affairs) and Susan Larkin (Trainee Meetings) have now both served on the BIA council for nearly two years and their posts have therefore come up for re-election.

Look out for further information to follow soon about elections to their posts to ensure that the BIA continues to offer high quality education and support for trainees as well as maintaining their representation on Royal college committees which will shape ID and Micro training in the future. These are exciting but challenging times and enthusiastic trainee members are encouraged to step forward and continue the fantastic effort that Susie and Susan have put in.



BSAC/BIA/HIS Educational Workshops 2011

Endocarditis

The 2011 Educational Workshop series, jointly hosted by the British Society for Antimicrobial Chemotherapy (BSAC), Healthcare Infection Society (HIS) and British Infection Association (BIA), will be on the subject of *Endocarditis*. The workshops offer microbiologists, infectious disease consultants, those working in A&E, scientists, pharmacists and other interested health professionals the opportunity to consider and discuss local practices and share experiences of infection management challenges across acute and community boundaries.

Please hold these dates in your diary. All workshops will run 10.00am - 3.30pm. Further information, along with workshop programme and registration details will follow shortly.

Birmingham - Friday 11 November

Cardiff – Tuesday 22 November

Chester – Monday 10 October

Dublin - Thursday 13 October

Edinburgh – Tuesday 22 November

Leeds – Tuesday 29 November

London – Tuesday 11 October ****PLEASE NOTE DATE CHANGE****

London – Monday 31 October ****PLEASE NOTE DATE CHANGE****

North East – Wednesday 2 November

Salisbury – Thursday 3 November

Une infection triviale...

What is the literal translation of the following:

1. Chikungunya
2. Kuru
3. Typhus
4. Tache noire
5. O'nyong-nyong

For answers, please click on the following link:

www.britishinfection.org/drupal/content/bia-newsletter



Microbiology Update on the Diagnosis & Management of the Infected Prosthetic Joint

10th – 11th November 2011
Hilton Hotel, Sheffield

The 4th annual Orthopaedic/Microbiology joint meeting will again be held in Sheffield. This two day meeting will be on the 10th and 11th of November at the Sheffield Hilton Hotel.

This year the topics will include upper limb infections, including skin and soft tissue, prosthetic joint infections of the upper limb and new treatment options for Dupuytren's. Day 2 will focus more on lower limb arthroplasty, bone cement antibiotics and a session on biofilms and low virulence organisms. In common with previous years, there will be a "nightmare cases" section but unlike previous years there will be time in this session for discussion of cases from the audience. There will also be a feedback session from the newly formed joint BOA/BIA Orthopaedic Infection Guideline Group.

At the end of day 1 there will be two additional presentations organised by Pfizer.

There is also a three course dinner on the evening of the 10th in the Hilton hotel, included in the price.

A delegate fee of £100 is payable on registration as a contribution towards the costs of the meeting. If you would like to register as a day delegate the fee is £40 per day.

To request a registration form or further information, please contact Christine Schofield at Christine.Schofield@sth.nhs.uk or telephone 0114 271 5248.

A full programme for this meeting will be available shortly.



